BREWSTER VILLAGE

3300	WEST	BREWSTER	STREET

APPLETON	54914 Phone: (920) 832-5400		00	Ownership:	County
Operated from	L/1 To 12/31	L Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	caffed (12/31/05):	204	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	204	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31	L/05:	197	Average Daily Census:	202

Age, Gender, and Primary Diagnosis	of Residents (12/3	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	ફ ફ	Age Groups 	%	 Less Than 1 Year 1 - 4 Years	22.3
Developmental Disabilities	11.7	Under 65	24.4	More Than 4 Years	49.2
Mental Illness (Org./Psy)	38.6	65 - 74	14.7		
Mental Illness (Other)	17.3	75 - 84	31.0		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	25.4		
Para-, Quadra-, Hemiplegic	1.0	95 & Over	4.6	Full-Time Equivalent	
Cancer	1.0			Nursing Staff per 100 Resid	ents
Fractures	2.5		100.0	(12/31/05)	
Cardiovascular	2.5	65 & Over	75.6		
Cerebrovascular	6.6			RNs	15.0
Diabetes	1.0	Gender	8	LPNs	1.4
Respiratory	1.0			Nursing Assistants,	
Other Medical Conditions	16.8	Male	36.0	Aides, & Orderlies	55.1
		Female	64.0		
	100.0	j			
			100.0		

Method of Reimbursement

		edicare			Medicaid 'itle 19			Other		:	Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	1	33.3	284	4	2.7	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.5
Skilled Care	2	66.7	321	117	78.0	128	0	0.0	0	43	97.7	190	0	0.0	0	0	0.0	0	162	82.2
Intermediate				7	4.7	108	0	0.0	0	1	2.3	190	0	0.0	0	0	0.0	0	8	4.1
Limited Care				1	0.7	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.5
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				21	14.0	186	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	21	10.7
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		150	100.0		0	0.0		44	100.0		0	0.0		0	0.0		197	100.0

BREWSTER VILLAGE

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of		Number of
Private Home/No Home Health	20.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.4	Bathing	1.0		66.5	32.5	197
Other Nursing Homes	23.5	Dressing	15.7		60.4	23.9	197
Acute Care Hospitals	33.8	Transferring	42.1		36.5	21.3	197
Psych. HospMR/DD Facilities	2.9	Toilet Use	27.9		43.1	28.9	197
Rehabilitation Hospitals	0.0	Eating	43.1		42.1	14.7	197
Other Locations	0.0	*******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	68	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Receiving Resp	iratory Care	3.6
Private Home/No Home Health	6.9	Occ/Freq. Incontiner	nt of Bladder	59.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	2.8	Occ/Freq. Incontiner	nt of Bowel	41.1	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	1.5
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	2.5
Psych. HospMR/DD Facilities	2.8	Physically Restraine	ed	1.5	Receiving Mech	anically Altered Diets	28.4
Rehabilitation Hospitals	0.0					-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	81.9	With Pressure Sores		4.6	Have Advance D	irectives	88.8
otal Number of Discharges		With Rashes		9.6	Medications		
(Including Deaths)	72				Receiving Psyc	hoactive Drugs	73.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

**************	*****	*****	*****	*****	*****	*****	*****	*****	*****					
		Owne	ership:	Bed	Size:	Lic	ensure:							
	This	Gove	ernment	2	00+	Ski	lled	Al	1					
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities					
	૪	% Ratio		% Ratio % Ratio %		% % Ratio %		% Ratio		% Ratio % Ratio % Ra		Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.0	91.9	1.08	93.9	1.06	88.8	1.11	88.1	1.12					
Current Residents from In-County	74.6	84.8	0.88	88.4	0.84	83.2	0.90	77.6	0.96					
-		27.4	1.77	23.5		18.7			2.68					
Admissions from In-County, Still Residing	48.5				2.07		2.59	18.1						
Admissions/Average Daily Census	33.7	87.7	0.38	113.7	0.30	177.7	0.19	162.3	0.21					
Discharges/Average Daily Census	35.6	91.8	0.39	118.9	0.30	179.2	0.20	165.1	0.22					
Discharges To Private Residence/Average Daily Census	3.5	36.0	0.10	56.1	0.06	83.4	0.04	74.8	0.05					
Residents Receiving Skilled Care	84.8	91.9	0.92	93.3	0.91	96.3	0.88	92.1	0.92					
Residents Aged 65 and Older	75.6	83.3	0.91	87.4	0.87	91.3	0.83	88.4	0.86					
Title 19 (Medicaid) Funded Residents	76.1	72.9	1.04	72.6	1.05	61.8	1.23	65.3	1.17					
Private Pay Funded Residents	22.3	18.0	1.24	20.1	1.11	22.5	0.99	20.2	1.11					
Developmentally Disabled Residents	11.7	2.7	4.33	3.6	3.24	1.1	10.60	5.0	2.34					
Mentally Ill Residents	55.8	53.7	1.04	52.1	1.07	34.8	1.60	32.9	1.70					
General Medical Service Residents	16.8	17.9	0.94	19.9	0.84	23.0	0.73	22.8	0.74					
Impaired ADL (Mean)	49.3	48.8	1.01	47.9	1.03	48.4	1.02	49.2	1.00					
Psychological Problems	73.1	63.4	1.15	68.4	1.07	59.5	1.23	58.5	1.25					
Nursing Care Required (Mean)	6.3	8.0	0.79	7.7	0.82	7.2	0.87	7.4	0.85					